



Client No. <b>2036</b>	Client Name <b>C.H. MATERIALS</b>	Location <b>1002 OSWEGOST VTCA, NY</b>	Date <b>12/10/86</b>									
Facility Equipment	Detach Clock No.	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other <b>GATE &amp; TRAILER KEYS</b>					
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) <b>Off Del Vecchio</b>		Officer—Swing Shift (Name) <b>Mokoski</b>		Officer—Grave Shift (Name) <b>CORTES, EUGENE</b>						
Shift Began <b>8</b> AM-PM Ended <b>4</b> AM-PM		Shift Began <b>4</b> AM-PM Ended <b>12</b> AM-PM		Shift Began <b>12</b> AM-PM Ended <b>8</b> AM-PM								
Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation			
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Fire-smoke-or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
6. Lights left burning		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Visitors	<input checked="" type="checkbox"/>		<b>SEE REMARKS</b>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Trespassing		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Remarks <b>VISUAL CK PERIMETER OF BLDG INCLUDING FENCE LINE (RK) made visual check every hour, large hole in fence on Oswegost (RK) John Saup JR: SR. had copies of trailer key (RK) MADE VISUAL CK OF PERIMETER OF BLDG EVERY HR. (RK)</b>												
<b>IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.</b>												
1. Were you injured during this tour?	Day Shift Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	1. Yes No	2. Yes No	3. Yes No	Swing Shift Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	1. Yes No	2. Yes No	3. Yes No	Grave Shift Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	1. Yes No	2. Yes No	3. Yes No
2. Did you suffer any illness?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes No
3. Have you reported all accidents coming to your attention?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes No	Yes No	Yes No
Signatures	Day Shift 1 <b>Off Del Vecchio</b>				Swing Shift 1 <b>Off Mokoski</b>				Grave Shift 1 <b>Off Eugene R. Cortes</b>			
Signatures	2				2				2			
Signatures	3				3				3			

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